BBT Revisited

Executive Summary

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Background

Developing generalist doctors, many of whom are destined for work in the secondary care system, is recognised as an important means of addressing the changing patient demographics (notably an aging populations and increased comorbidities) which intensify the pressures on the health service. The broad-based training (BBT) programme promoted the development of doctors with a more holistic approach to patient care by providing 6-months training in each of four specialties: paediatrics, psychiatry, general medicine and general practice. Upon completing BBT the trainees joined the second year of specialty training in one of those specialties. CUREMeDE researchers completed a three-year evaluation of the BBT programme in 2017. Key conclusions were that the BBT programme developed trainees who bring a wider perspective to health care, promote specialty integration, adopt holistic, patient-centred approaches to care, are able to manage patients with complex presentations, and who have conviction in their choice of career.

Although the BBT programme subsequently ceased, the generalist agenda has only increased in prominence. The purpose of this study was to conduct a longitudinal follow-up of all BBT trainees who participated in the original evaluation, exploring: current roles and the influence of BBT on career decisions; whether the benefits of BBT were sustained; what disadvantages or unintended consequences were identified; and views the future of doctor training.

Method

Following scoping interviews with eight former BBT trainees, the main data gathering was via an online survey that was emailed to all former BBT trainees who undertook the training in England and who had responded to our earlier evaluations (n=121). On the evidence of bounce back emails, it reached 118 discrete individuals. The survey was distributed on 2 August 2021 and following two reminders, closed at the end of September 2021.

The development of the survey was informed by the original BBT evaluation and by the one-to-one scoping interviews. A draft was piloted with six former BBT trainees who provided feedback. Data from the survey were transferred to Excel and SPSS for analysis. The interviews were conducted via MS Teams or telephone, recorded and transcribed verbatim. The transcripts and open text comments on the survey were subject to a thematic content analysis.

Results

We received 70 survey responses from the three cohorts of doctors who started BBT between 2013 and 2015 (59% response rate). In terms of the demographics of the sample, from September 2021, 64% were working part-time as a doctor and a further 14% planned to go part-time in the next three years; 54% were working in general practice, 16% in paediatrics, 11% in psychiatry, 10% in medicine (such as geriatrics, palliative care, respiratory), and 9% in other medical areas (public health, obstetrics and gynaecology, clinical genetics, genomic medicine and radiology). Most (81%) had remained in their BBT specialty and, at the time of the survey, 41% had completed specialty training. About 60% had taken some form of extended leave from training (e.g.

for maternity leave, or time out-of-programme -OOP). Approximately two-thirds had taken on additional roles such as those related to teaching or management.

BBT had clearly influenced their career decisions with 62% indicating that BBT had influenced their decisions 'very much so' and a further 29% 'to some extent'. Almost all had no regrets about doing BBT. For the two who did indicate regrets, these concerned location, not the programme.

That BBT enabled more informed career decisions, leaving participants more confident in their decisions, was noted as a distinct benefit in free-text comments by survey respondents, with a number suggesting they might otherwise have made 'wrong' decisions and might have left training: e.g. *"broad based training allowed me time to feel like a trainee without having that end goal set yet and re-discover that I enjoyed learning in medicine. I think it played a key role in keeping me in the profession".* All those interviewed reported that the BBT programme had informed their choice of career: *"BBT allowed me to explore all my potential options really thoroughly*". The value of the 10% time was emphasised by those interviewed.

All agreed (with about two-thirds *strongly* agreeing) that the long -term benefits of their BBT training included being able to: 'see things from the other side of the primary/secondary care 'divide''' and 'understand the pressures faced by doctors working in other specialties'. Similar proportions also strongly agreed/agreed that 'experience gained during BBT still informs their current work as a doctor'. In open text responses, the most commonly noted benefits (in addition to better informed career decisions) related to the value of additional experience, understanding of other specialties, and the development of a more holistic approach to care. Those who took part in the scoping interviews made similar observations and all gave examples of how they put a holistic perspective into practice in their current roles.

The level of agreement with statements referring to the potential drawbacks of BBT were notably lower than ratings of benefit statements. Near half of the respondents agreed (at least 'somewhat') that 'generalist doctors have a lower status that specialists (47%) and indicated that 'some competencies gained during BBT were not formally recognised' (43% agreed at least 'somewhat'). In open text responses the two main themes that were identified related to BBT providing less experience in the chosen specialty (although such comments were nearly always followed by a comment about this not being a long-lasting drawback), and about not feeling part of a cohort of trainees when joining at ST2/CT2. Some of those we interviewed also noted difficulties in 'catching up' when they moved into specialty trainings programmes after completing BBT. Those who became GPs described a relatively smooth transition but some who exited into other specialties faced issues with successfully passing exams and getting competencies signed off in a shorter time span than their colleagues who had not done BBT.

Respondents were presented with a set of statements about future training. All agreed (with about two-thirds *strongly* agreeing) that 'GPs should be expected to experience training in the BBT specialties (paediatrics, psychiatry, core medical)'. There was general agreement amongst those interviewed that the BBT programme was ideal for future GPs because it guaranteed placements in core specialties. At least 94% agreed that:

- in post-Foundation training, doctors should have opportunity to experience different areas of medicine
- future training should include "10% time"

- there should be more educational opportunity for cross-specialty case-based discussions
- secondary care trainees should be expected to experience training in general practice
- the start of specialty training should focus on transferable competencies
- one aim of specialty training should be to reduce the gap between care for physical and mental health

This last point was elaborated in open comments where one common theme related to better communication, collaboration and understanding across specialties, primary/ secondary care and mental/physical health.

When discussing the future of doctor training, a number of those who took part in the scoping interviews spoke of the importance of providing enough time to make long-lasting career decisions, and not specialising too early. They also spoke of the importance of the generalist role in secondary care, particularly given the increase in older people and patients with complex needs. They saw such doctors as being able to take a holistic view of the patient and work in partnership with specialists to negotiate the right care for the patient: *"once people get to a certain level of complexity, there needs to be somebody in secondary care holding the reins, getting the information, and helping to collate that for patients".*

In final free text comments, respondents to the survey took the opportunity to make further positive remarks about BBT and many expressed regret that the programme is no longer available: "*This is a fantastic programme and it's such a shame it was axed. So many juniors tell me they would consider something like BBT if it still existed"*.

Conclusions

This follow-up study provides clear evidence of that the benefits of BBT that were expressed by participants when on the programme were sustained over time. Key amongst these are the positive influence of BBT on career decisions, the value of additional experience, the insight into other specialties, and the development of a more holistic approach to care. Chief amongst the disadvantages was the temporary challenge of catching up at ST2/CT2 and not starting specialty training with a cohort of peers. In terms of future training, these respondents recognised that training in core medicine, paediatrics and psychiatry is particularly valuable for general practice, but they also saw the value of experience in general practice for those destined for a career in a hospital-based specialty. There was widespread support for something like '10% time' in future training to enable trainees to pursue interests or broaden experience.

The participants in this study felt privileged to have experienced BBT and were saddened that it was no longer available.